**Background:** NICE recommends that home haemodialysis (HHD) should be offered to “all patients who are suitable” [1]. Despite this, uptake in the United Kingdom remains static at approximately 2% [2]. There are a number of inherent challenges to growing a HHD programme exemplified by wide regional variations in HHD uptake [2].

Here we describe our unit’s experience of service development and delivery. We compared the patient mix of our in-centre haemodialysis (ICHD) programme to that of our HHD patients, to determine the potential barriers to growth in the HHD programme.

**Methods:** Retrospective case-record review of 1159 patients undergoing haemodialysis for over 3months at our centre between 1989-2017.

**Results:** During this time period, 83 patients were established on HHD. HHD patients were younger and had fewer comorbidities than in centre haemodialysis (ICHD) patients (p=0.0149). Dialysis vintage at time of starting HHD was 18 months (IQR 7-45.5). The median time patients remained on HHD was 24 months (IQR 9.5-39). The most common reason for exiting the HHD programme was transplantation (n=31, 38.3%), 15 patients died and 8 patients returned to ICHD.

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|  | **ICHD** | **HHD** | **P value** |
| Age | 61.30 (±15.25) | 53.00 (±15.24) | <0.0001\*\* |
| Female Sex | 350/1076 | 28/81 | 0.71 (NS) |
| Diabetes Mellitus | 290/1071 | 14/81 | 0.0663 (NS) |
| Ischaemic Heart Disease | 263/1070 | 13/81 | 0.1043 (NS) |
| Peripheral Vascular Disease | 176/1069 | 2/81 | 0.0002\*\* |
| History of Malignancy  | 137/1070 | 13/81 | 0.3929 (NS) |
| One or more defined comorbidity | 590/1071 | 33/81 | 0.0149\* |
| Median duration on dialysis programme (Months) | 37 (IQR 15.4-67.7) | 24 (9.5-39) | <0.0001\*\* |
| Patients exiting the programme through transplantation or transfer to another modality  | 291/1076 | 31/81 | 0.0389\* |
| Death | 684/1076 | 15/81 | <0.0001\*\* |

**Conclusion:** At our centre, we have unintentionally tended to start younger patients with fewer comorbidities on HHD. Those on HHD were significantly less likely to have peripheral vascular disease. As consequence of this we have a high turnover of patients due to losses from the HHD programme to transplantation. Growth of a HHD programme is likely to require selection of patients with a higher proportion of comorbidities and lower propensity for receiving a renal transplant.

**References**

1. Guidance on home compared with hospital haemodialysis for patients with end stage renal failure. [https://www.nice.org.uk/guidance/TA48. Last accessed 07/12/17](https://www.nice.org.uk/guidance/TA48.%20Last%20accessed%2007/12/17).
2. Tabinor M, Casula A, Wilkie M et al (2017). UK Renal Registry 19th Annual Report: Chapter 13 Home Therapies in 2015: National and Centre-specific Analyses. Nephron; 137 (suppl 1): 297-326.